

## State of New Jersey

Department of Education PO Box 500 Trenton, NJ 08625-0500

Richard J. Codey Acting Governor William L. Librera *Commissioner* 

## INSTITUTIONAL VERIFICATION OF PROGRAM COMPLETION

Complete Section A of this form. Send it to the education department of the college/university where you completed your <u>teacher preparation and certification program</u>. This form, when returned to you, is to be sent to the Office of Licensing and Credentials at the above address. Only the original, signed form will be accepted.

TO BE COMPLETED BY APPLICANT

M.I.

MAIDEN/FORMER NAME

FIRST

## **SECTION A**

LAST

1. NAME

| A ADDRESS  |     |      | 2. DATE OF DIDTH   |
|--|-----|------|--|
| 2. ADDRESS   |     |      | 3. DATE OF BIRTH   |
| CITY/STATE/ZIP   |     |      | 4. SOCIAL SECURITY NO.   |
| 4. TELELPHONE:   |     |      |  |
| Business ( ) Home ( )  |     |      |  |
| , ,  | . , |      |  |
| SECTION B  |     |      |  |
| TO BE COMPLETED BY COLLEGE/UNIVERSITY  |     |      |  |
| The above named applicant has requested New Jersey teacher licensure. Please complete information in Section B regarding this applicant. To be valid, this form must be signed by the dean of the college or school of education, the certification officer, the chairman of the education department, or the dean's designee at the institution where the applicant completed his/her teacher preparation and certification program. A stamped signature must be initialed by the person using the stamp. Verify your information with your school seal. RETURN THIS FORM TO THE APPLICANT.  A. Has this applicant completed your state approved teacher education program?  A. YES  NO |     |      |  |
| Date of program completion.  |     |      |  |
| B. Was the applicant eligible for certification in your state at the completion of his/h teacher preparation program?  If no, what were the deficiencies?  |     |      | B. YES NO  |
| C. If student teaching is not identified as "student teaching" on the transcript, how was it satisfied?  |     |      |  |
| D. Major area and/or grade level in which applicant is recommended to teach:   |     |      |  |
| Name of College/University   |     | Date |  |
| Address  |     |      | COLLEGE SEAL This form must bear the college/university seal.  |
| City/State/Zip   |     |      | , and the second |
| Telephone Name (Printed)   |     |      |  |
| Signature & Title (Chairman of Education Dept./Certification Officer)  |     |      |  |